



Bacstel-IP

Business Customer Authorised Security Contact Application Form for the TrustAssured Service

How to complete the form

1 Please use a BLACK pen

2 Mark boxes like this If you make a mistake, do this and mark the correct box

3 Please use BLOCK CAPITAL LETTERS and leave one space between each word

Please note: **TWO** Primary Security Contacts must always be set up as a minimum

A. Customer details

Name of Customer (full registered name if Limited Company)

Service User Number (SUN)

Please list any additional SUNs contacts are to be linked to

All Primary Security Contacts (PSCs) and Additional Contacts (ACs) detailed below will receive a Personalised smartcard.

All Primary Security Contacts (PSCs) will act as general contact and referral points for all queries.

Proof of identity and address for all contacts with signing and submitting privileges must be provided if not already held by your branch of Allied Irish Bank (GB).

Note: If the contact is to be linked to and have privileges to authorise Bacs files for SUNs which are separate legal entities then the consent section (D) of this form must be completed and authorised in accordance with the mandate for each legal entity.

B. Primary Security Contact Details

1) Primary Security Contact

New Primary Security Contact

Amendment to existing Primary Security Contact

Title First name Surname

Telephone number

Out of Hours Telephone Number

Email address (required) - this will be used as part of the Smartcard registration process.

Date of Birth / / Day Month Year
Mother's maiden name

These will be used for identification purposes when contacting Allied Irish Bank (GB)

I acknowledge that AIB Group (UK) p.l.c., other Participants, IDENTRUST * and their employees and agents may and I hereby authorise each of them to, within the limits of applicable law, hold, transmit receive or otherwise process any data or information about, regarding or involving me among and between themselves and other third parties, both within the European Economic Area (EEA), and within countries outside the EEA.

Authorised Security Contact Signature	Date
<input type="text"/>	Day <input type="text"/> / Month <input type="text"/> / Year <input type="text"/>

2) Primary Security Contact

New Primary Security Contact

Amendment to existing Primary Security Contact

Title First name Surname

Telephone number

Out of Hours Telephone Number

Email address (required) - this will be used as part of the Smartcard registration process.

Date of Birth / / Day Month Year
Mother's maiden name

These will be used for identification purposes when contacting Allied Irish Bank (GB)

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Authorised Security Contact Signature	Date
<input type="text"/>	Day <input type="text"/> / Month <input type="text"/> / Year <input type="text"/>

Confirmed as part of the overall Application

Relationship Manager signature	Signing Number
<input type="text"/>	<input type="text"/>

Name

Date of birth Day / Month / Year

Additional Contact Details

If you wish to add or amend more than two Additional Contacts please print additional copies of this page.

1) Contact details 1

New Primary Security Contact Amendment to existing Primary Security Contact

New Additional Contact Amendment to existing Additional Contact

Title First name Surname

Telephone number

Out of Hours Telephone Number

Email address (required) - this will be used as part of the Smartcard registration process.

Date of Birth Day / Month / Year Mother's maiden name

These will be used for identification purposes when contacting Allied Irish Bank (GB)

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Authorised Security Contact Signature	Date
<input type="text"/>	Day <input type="text"/> / <input type="text"/> Month <input type="text"/> / <input type="text"/> Year <input type="text"/>

Additional Contact Details

2) Contact details 2

New Primary Security Contact

Amendment to existing Primary Security Contact

New Additional Contact

Amendment to existing Additional Contact

Title First name Surname

Telephone number

Out of Hours Telephone Number

Email address (required) - this will be used as part of the Smartcard registration process.

Date of Birth / / Mother's maiden name

These will be used for identification purposes when contacting Allied Irish Bank (GB)

I acknowledge that AIB Group (UK) p.l.c., other Participants, IDENTRUST * and their employees and agents may and I hereby authorise each of them to, within the limits of applicable law, hold, transmit receive or otherwise process any data or information about, regarding or involving me among and between themselves and other third parties, both within the European Economic Area (EEA), and within countries outside the EEA.

Authorised Security Contact Signature

Date

Day / Month / Year

For Allied Irish Bank (GB) use only

Confirmed as part of the overall Application

Relationship Manager signature

Signing Number

Name

Date

All above contacts will be granted signing and submission privileges. Should this not meet your business requirements,

please tick this box and we will contact you.

- TFor further information refer to the Business Customer Agreement for the TrustAssured Service.
- TOther Participants include Royal Bank of Scotland Group (RBSG).
- Tidentrust means Identrust, LLC, a Delaware limited liability company.
- Tidentrust Scheme means the infrastructure and scheme operated by Identrust for the provision of digital signature and identity validation services to Customers.

C. Confirmation

We confirm that the details on this form are full and correct and agree to notify AIB Group (UK) p.l.c. trading as Allied Irish Bank (GB) of any change therein.

When providing us with any information (including personal data) relating to identifiable living individuals you will have ensured that those individuals have consented, to the extent that it is required, to providing us with their information or that another lawful basis for the processing of their information has been established and that those individuals are aware of our identity and of our data protection notice.

We apply for the above individuals to become our Primary Security Contacts/Additional Contacts who will participate under the Terms & Conditions of the Business Customer Agreement for the TrustAssured Service and receive a Personalised smartcard and associated materials.

For and on behalf of the Customer named at A .

Signature(s)		Day	Month	Year
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
		Date	<input type="text"/>	<input type="text"/>

Name

Job Title

Signature(s)		Day	Month	Year
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
		Date	<input type="text"/>	<input type="text"/>

Name

Job Title

D. Consent - For Security Contacts linked across additional Service User Numbers (SUN's) which are separate Legal Entities to the Primary Application

SUN Bacs Service User Name

We consent for the Security Contact(s) named in B to have privileges to authorise Bacs files for the above Service User.

Signature(s)		Day	Month	Year
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
		Date	<input type="text"/>	<input type="text"/>

Name

Job Title

Signature(s)		Day	Month	Year
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
		Date	<input type="text"/>	<input type="text"/>

Name

Job Title

SUN

Bacs Service User Name

We consent for the Security Contact(s) named in B to have privileges to authorise Bacs files for the above Service User.

Signature(s)

Date Day / Month / Year

Name

Job Title

Signature(s)

Date Day / Month / Year

Name

Job Title

SUN

Bacs Service User Name

We consent for the Security Contact(s) named in B to have privileges to authorise Bacs files for the above Service User.

Signature(s)

Date Day / Month / Year

Name

Job Title

Date Day / Month / Year

Signature(s)

Date Day / Month / Year

Name

Job Title

Date Day / Month / Year

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